

Adult Attachment Interview – DMM method

The Adult Attachment Interview (AAI, George, Kaplan & Main, 1984; DMM-AAI Crittenden & Landini, 2011) consists of a series of questions that ask the speaker to consider their childhood experience and how this might affect their thoughts and behavior in the present, especially as parents. A particular feature of the AAI is that it asks for the same information in multiple ways; this permits exploration of conflicting ideas that could motivate incompatible behaviors. Individuals with less integration of thought and feeling, i.e., with varied and incompatible answers to the same question, are more likely to behave in unexpected and unacceptable ways than individuals with greater awareness of how the past motivates their current behavior. In addition, the AAI explores possible past traumas that could trigger extreme behavior.

The AAI is audio-recorded and then transcribed verbatim. Information is gained by attending both to the individual's speech and their relationship with the interviewer. The DMM-AAI is analysed using a system of discourse analysis in which the content of the interview (what happened) is less important than how the speaker thinks about their childhood, as an adult.

The DMM-AAI has been validated in a number of empirical studies focussing on clinical issues: anxiety disorders (Hughes, Hardy & Kendrick, 2000); avoidant personality disorder (Rindal, 2000); borderline personality disorder (Crittenden & Newman, in press); eating disorders (Ringer, & Crittenden, 2007; Zachrisson & Kulbotten, 2006); factitious illness by proxy (Kozłowska, Foley, & Crittenden, 2006); maltreating mothers (Seefeldt, 1997); PTSD (Crittenden, & Heller, under review); sexual abuse (Haapasalo, Puupponen & Crittenden, 1999) and treatment outcomes (Gullestad, 2003).

An AAI yields 6 types of information:

1. An attachment strategy, i.e., the way the speaker uses information to organize their behavior when they feel endangered or believe their children to be endangered (see figure 1);
2. A possible set of unresolved traumatic experiences that distort the person's behavior without their being aware of it.
3. An over-riding distortion of the strategy such as depression;
4. A pattern of information processing
5. An interpreted developmental history of the speaker. This history combines information provided directly by the speaker with information derived from the pattern of errors (i.e., dysfluency) in the discourse. The interview cannot directly establish what actually happened to the speaker, but its interpretation can assist in understanding why the speaker thinks and behaves as he or she does.

Level of parental reasoning (LPR, see figure 2, Crittenden, Lang, Claussen, & Partridge, 2000), i.e., how the parent thinks about making caregiving decisions for the children. The levels range from (0) abdication to (1) egoistic, (2) conformist, (3) individualistic and (4) integrative reasoning. Most parents function at levels 2-3. Level 0 is indicative of substantial risk, with level 1 reflecting risk of repeating or reversing to the opposite extreme the problems of one's

childhood. The LPR suggests the flexibility and sensitivity with which the parent will be able to interpret and respond to the child's behaviour.

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